



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement										
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID							
Date Changes Took Effect	SBE-issued Committee ID									
Committee Information										
Committee Information	Name of Candidate Campaign Committee <i>Friends of Rawlings for School Board</i>									
	Street Address/PO Box Suite # <i>327 Wesmond Drive</i>									
	City State <i>571 501 1946</i> Zip Code <i>Alexandria Virginia 22305</i>									
	Email Address Daytime Phone # <i>truefamilylove@yahoo.com</i>									
	Campaign Website									
Candidate Information										
Candidate Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><i>Rawlings</i></td> <td style="width: 25%;"><i>Joyce</i></td> <td style="width: 25%;"><i>Diane</i></td> <td style="width: 25%;"></td> </tr> <tr> <td>Salutation</td> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> </tr> </table>	<i>Rawlings</i>	<i>Joyce</i>	<i>Diane</i>		Salutation	Last Name	First Name	Middle Name	
	<i>Rawlings</i>	<i>Joyce</i>	<i>Diane</i>							
	Salutation	Last Name	First Name	Middle Name						
	Residence Address Apt # <i>327 Wesmond Drive</i>									
	City State <i>Virginia 22305</i> Zip Code <i>Alexandria</i>									
	County or City of Residence Voter Identification # <i>truefamilylove@yahoo.com 571 501 1946</i>									
	Email Address Daytime Phone # <i>571 501 1946</i>									
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.										
Election Information										
Election Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><i>School Board</i></td> <td style="width: 30%;"><i>A</i></td> </tr> <tr> <td>Office Sought</td> <td>District (if one)</td> </tr> </table>	<i>School Board</i>	<i>A</i>	Office Sought	District (if one)					
	<i>School Board</i>	<i>A</i>								
	Office Sought	District (if one)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><i>Democratic</i></td> <td style="width: 20%;"><i>2012</i></td> <td style="width: 20%;"><input checked="" type="checkbox"/> November</td> <td style="width: 10%;"><input type="checkbox"/> May</td> <td style="width: 10%;"><input type="checkbox"/> Special</td> </tr> <tr> <td>Political Party</td> <td>Year of Election</td> <td colspan="3">Type of Election</td> </tr> </table>	<i>Democratic</i>	<i>2012</i>	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special	Political Party	Year of Election	Type of Election		
<i>Democratic</i>	<i>2012</i>	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May	<input type="checkbox"/> Special						
Political Party	Year of Election	Type of Election								



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Treasurer Information				
Treasurer Information	Rawlings	Joyce	Diane	
	Salutation Last Name	First Name	Middle Name	Suffix
	327 Westmond Drive			
	Residence Address		Apt #	
	Alexandria		Virginia 22305	
	City	State	Zip Code	
	Alexandria		A	
County or City of Residence		Voter Identification #		
truefamilylove@yahoo.com		5715011946		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Capitol One			N/A	
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria Virginia				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	N/A		
	Date first expenditure made:	N/A		
	Date campaign depository designated:			
	Date filing fee paid for party nomination:	N/A		
	Date Statement of Qualification filed:	6/8/2012		
Date treasurer appointed:	6/4/2012			

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <p style="margin-top: 20px;"> Jayce D Rawlins Signature 6/7/12 Date </p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p style="margin-top: 20px;"> Jayce D Rawlins Candidate's Signature 6/7/12 Date </p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p style="margin-top: 20px;"> Jayce D. Rawlins Treasurer's Signature 6/7/12 Date </p>